

**CERTIFICATE OF APPLIANCE-RELATED WATER DAMAGE
REMEDiation**

Certificate Number

Date of Issuance

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Property Description:

Number _____ Street _____ Lot _____ Block _____

Addition or Tract _____ City _____ County _____

Description of Appliance Subject to Claim _____

I hereby certify that the appliance described in this certificate has been properly replaced or repaired and that any physical damage associated with the appliance-related claim has been properly remediated, repaired, and/or replaced.

This inspection was conducted in accordance with the requirements contained in 28 Texas Administrative Code §§ 21.1007 (a), (b), and (d).

Inspector's Signature

Date

Type of Inspector or Engineer

Inspector's License Expiration Date